Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Olu Care Home, L.L.C.	CHAPTER 100.1
Address: 1573 Ala Lani Street, Honolulu, Hawaii 96819	Inspection Date: January 10, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Primary Care Giver (PCG) — Unable to review annual tuberculosis clearance. Substitute Care Giver (SCG) — Unable to review initial tuberculosis clearance.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date
	A copy of annual TB clearance obtained from current employer.	1/27/20
	A 2nd PPD test appointment is scheduled for substitute caregiver to be in compliance with state's 2 step PPD. This will establish initial TB clearance.	1/27/20

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	In the future, all initial TB clearance showing 2 step negative PPD will always be kept in care home folder with a plastic sheet and a post it to show "do not remove".	2/19/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – Resident emergency information sheet does not reflect current diagnoses of anxiety and insomnia.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Resident's emergency information sheet was updated to reflect resident's diagnosis.	1/20/20

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§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 — Resident emergency information sheet does not reflect current diagnoses of anxiety and insomnia.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date
	In the future, resident's emergency information sheet shall be updated and reflect pt's diagnoses, in correspondence to the medications that resident is on. Immediately after resident's doctor visits, and when there is a change in medication, CHO will update resident's emergency information sheet. When medication chart is updated to reflect change in medication, pt's emergency information sheet shall also reflect update.	2/19/20

Licensee's/Administrator's Signature: _	200-	200
Print Name:	SHARVENE	COLDAHAS
Date:	2/21/20	